

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>4/16/60</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>37</i>	<i>6/29/60</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>JC 645</i>	<i>7-31-60</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>SL 580</i>	<i>11-13-61</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	4/20/60
2	11/1/61
3	5/8/62
4	11/24/62
5	7/25/63
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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